

FILED JUN 20 1946

Registration District No.

356

Primary Registration District No.

5206

Registrar's No.

47

1. PLACE OF DEATH:

(a) County TEXAS  
(b) City or town RAYMONDVILLE JACKSON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 60 yrs.  
years, months or days)

3. (a) PRINT FULL NAME MARION C. TRIMBLE

3. (b) If veteran,

name war

3. (c) Social Security

No. NONE

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MOLLY TRIMBLE

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased JUNE 4 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 11 27 hr. min.

9. Birthplace Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name DOC TRIMBLE

13. Birthplace Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name MARY TRIMBLE

15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant PILLIE TRIMBLE

(b) Address TYRONE, MO

17. (a) BURIAL (b) Date thereof 6-3-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BIG CREEK

18. (a) Signature of funeral director Gaylord U. Elliott

(b) Address HOUSTON, MO

19. (a) June 4, 1946 (b) Mary Craig  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS  
(c) City or town TYRONE MO  
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 1  
year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 14 to June 1 1946  
that I last saw him alive on March 14 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Congestive Heart Failure Duration

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. P. [Signature] (M. D. or other)

Address Houston, MO Date signed June 4, 1946

RECEIVED

District Health Officer No. 5.

District File Number

646372

Date Filed

6-18-46

JUN 24 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Frank E. Wood

Licensed Embalmer No.

4026

P. O. Address

Houston, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.